

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> <u>Family Supportive Housing</u> Division, Department, or Region (if applicable) _____  Designated Agency Contact (Name, Title) <u>Sara Tran</u> Area Code/Phone Number <u>408-926-8885</u> E-mail <u>volunteer@familysupportivehousing.org</u>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">             Date Stamp  <u>San Jose City Clerk</u>  <u>SC</u> <u>Nov</u>  <u>2018 DEC -3 AM 11:21</u> </div> <div style="border: 1px solid black; padding: 5px;"> <b>California Form 802</b>              For Official Use Only   <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)               Date of Original Filing: _____  <small>(month, day, year)</small> </div>
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☐ No ☐    Face Value of Each Ticket/Pass \$ 225.00

Event Description: Sharks v. Canucks    Date(s) 11, 23, 18    \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒ No ☐    If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes ☐ No ☒    If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Family Supportive Housing (San Jose Family Shelter)</u>	<u>24</u>	<u>Tickets provided for families at the shelter.</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<u>[Signature]</u> Signature of Agency Head or Designee	<u>Sara Tran</u> Print Name	<u>Community Resource mgr.</u> Title	<u>11/29/18</u> (month, day, year)
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Comment: \_\_\_\_\_